



**Public Protection Cabinet
Department of Housing, Buildings and Construction
Division of Fire Prevention
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601-5405
Telephone: (502) 573-0382 Fax: (502) 573-1004**

Safe Cigarette Certification

Brand Name Applying for Certification: _____

Type of Certification Applying for: ☐ Initial Brand Family ☐ New Cigarette with Previously Certified Brand Family

Manufacturer Information:

Name of Manufacturer: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone #: _____ Extension #: _____ Fax #: _____

Name of Contact Person: _____ Email Address: _____

Company Website Address: _____

Designated Contact for Certification:

☐ Same As Manufacturer Identification Listed above

Name of Contact Person: _____ Email Address: _____

Name of Organization: _____

Relationship to Manufacturer: ☐ Attorney ☐ Importer ☐ Other (Specify): _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone #: _____ Extension #: _____ Fax #: _____

All cigarette products must be certified every three (3) years per KRS 227.774(4). Requirements for certification are:

1. For cigarettes certified under this section, a manufacturer shall pay the state fire marshal a fee of \$1,000.00 per brand family. A check or money order shall be made payable to the Kentucky State Treasurer.
2. Proof of testing of cigarettes shall be submitted in accordance with KRS 227.772. Each cigarette listed in the certification shall be described with the following information:
 - A. Brand or trade name on the package
 - B. Style
 - C. Length in millimeters
 - D. Circumference in millimeters
 - E. Flavor, such as menthol or chocolate if applicable
 - F. Filter or nonfilter
 - G. Package description, such as soft pack or box
 - H. Making approved in accordance with KRS 227.776
 - I. Name, address, and telephone number of the laboratory, if different than the manufacturer that conducted the test
 - J. Date the testing occurred.

I certify that to the best of my knowledge, all of the information contained in this certification and any attachments are true and accurate and complies with KRS 227.770 through 227.784.

Date: _____ **Signature:** _____ **Title:** _____

